

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		2				
12		1				
13		2				
14		2				
15		1				
16	1					
17		1				
18		1				
19		1				
20		2				
21		2				
22		1				
23		1				
24		2				
25		2				
26		2				
27		2				
28		2				
29	1					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		29				
TOTAL CLAIMS	4	29				

	IND	DEP	IND	DEP	IND	DEP
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

30
13
17
26
43